

STANDARD CERTIFICATE OF DEATH

State File No. **25338**

FILED AUG 7 1941

Registration District No. **413**

Primary Registration District No. **5559-C.**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Mineral Twp.**
(c) Name of hospital or institution **Jasper Co. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 months**
(Specify whether
In this community **0**
years, months or days)

3. (a) PRINT FULL NAME **Patrick McManomen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Feb 12 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **26** If less than one day **hr. min.**

9. Birthplace **Cleveland Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Tam McManomen**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Murphy**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records**

(b) Address

17. (a) **Removal** (b) Date thereof **July 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mineral Twp.**

18. (a) Signature of funeral director **North City Burial Co.**

(b) Address **North City, Mo.**

19. (a) **JULY 8, 1941** (b) **J. L. R. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan**
(c) City or town **Mineral**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8** year **1941** hour **5:50** minute **55** a. M.

21. I hereby certify that I attended the deceased from **Aug 31**, 19**40** to **July 8**, 19**41**;
that I last saw him alive on **July 7**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

Signature **John E. Douglas** (M. D. or other)

Address **North City, MO** Date signed **7/8/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.